

# **CALL TO ACTION – ADDRESSING INJURY & VIOLENCE PREVENTION**

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## **2020 TRANSITION DOCUMENT**

*November 2020*

# A CALL TO ACTION

## RECOMMENDATIONS FOR PREVENTING INJURIES & VIOLENCE



**SAFE STATES**  
*Strengthening the practice of injury and violence prevention*

### INJURIES AND VIOLENCE ARE A LEADING CAUSE OF DEATH FOR AMERICANS AGES 1-64.\*

Injuries and violence are not “accidents” or inevitable events. They are predictable and preventable. Effective prevention strategies are known and available, including strategies that have been shared by the Centers for Disease Control and Prevention (CDC). In order to prevent injuries and violence, we need well-funded and coordinated efforts across federal agencies that are collaborating and providing consistent direction.

Injuries and violence exact devastating costs on individuals and communities across the United States. In 2018, nearly a quarter million people died as a result of injury and violence. In fact, in the first half of life, **more Americans die from violence and injuries than from any other cause**, including cancer, HIV, or the flu.

#### EACH YEAR IN THE U.S., INJURIES AND VIOLENCE CAUSE:



More than  
**243,000**  
deaths

That's  
  
every **2 minutes**.



**3 million**  
hospitalizations



**25 million**  
emergency  
department visits



**\$840 billion**  
annual medical &  
work loss costs

There is strong evidence to support the efficacy of injury and violence prevention strategies, which are cost-effective and show returns on investment (ROI). [Motor vehicle safety](#) and community [falls prevention](#) programs, for instance, have shown positive ROI and evidence of ROI for violence prevention strategies is growing. **Properly resourcing injury and violence prevention infrastructure just makes common sense.**

The incoming Administration faces a unique opportunity to promote injury and violence prevention policy by working to **create a national injury and violence prevention program, while strengthening the one national database that informs the design and implementation of state-based violent death prevention programs.**

The [Safe States Alliance](#) is the only non-profit membership organization comprised of public health injury and violence prevention professionals representing all U.S. states and territories. The recommendations in this document address two pressing injury and violence prevention needs pursuant to the professional judgement of the Safe States Alliance.

Everyone should be safe from injuries and violence, but our country has long established systemic barriers rooted in the oppression of those in the minority that result in people of color, those who are economically disadvantaged, those who are geographically isolated and those who are lesbian, gay, bisexual, transgender, or queer (LGBTQ) not having equal access to social and economic resources that protect against injury and violence. This disparity in access and the resulting adverse health and safety impacts are counter to our country's founding principles and shared understanding that opportunity should exist for everyone. In our country when there is unequal access to preventive programs and services there is a greater burden from injuries and violence, impacting the health of the whole nation.

\* Injuries and violence are the #1 cause of death for ages 1-44, the #2 cause of death for ages 45-54, and the #3 cause of death for ages 55-64. Causes of death include unintentional injuries, suicide, and homicide. Source: Centers for Disease Control and Prevention, National Vital Statistics System, National Center for Health Statistics: <https://www.cdc.gov/injury/wisqars/leadingcauses.html>. Data sources are available at: <http://www.safestates.org/InvestInIVPDataSources>

# CORE STATE VIOLENCE AND INJURY PREVENTION PROGRAMS (CORE SVIPP)

## A CALL TO ACTION FOR PREVENTING INJURIES & VIOLENCE



### RECOMMENDATIONS

- Expand Core SVIPP from 23 to all 50 states and territories
- Establish a dedicated Core SVIPP funding line for critical public health actions
- Create a tiered funding structure for the Core SVIPP

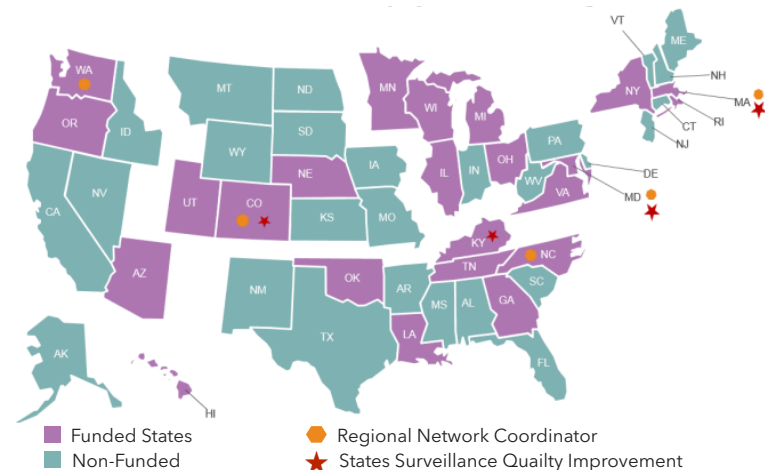
### BACKGROUND

A national injury and violence prevention program is an essential component of efforts to bolster our nation's public health infrastructure. The [Core State Violence and Injury Prevention Program \(Core SVIPP\)](#) is a unique program that helps states implement, evaluate and disseminate strategies that address the most pressing injury and violence prevention issues. The program is intended to provide funds to support states' "core" or baseline capacity.

Building core capacity is an important and necessary goal – a true foundation for injury and violence prevention in every state and territory, more so than ever during the COVID-19 outbreak. However, this goal has never been adequately realized.

**At the current level of federal support, Core SVIPP is only able to fund 23 states.** While these states have achieved important [accomplishments](#), the program is not nearly adequately resourced to meet its goal of impacting injury and violence at the population level.

Base funding levels have been **capped at \$250,000 per state for more than a decade.** In addition to limited funding, the Core SVIPP also limits the injury and violence prevention areas that states can address, currently - **child maltreatment, traumatic brain injury, sexual violence, and motor vehicle-related injury** – four topic areas prioritized by the National Center for Injury Prevention and Control (NCIPC) in 2016.



While the Core SVIPP is not optimal in its current iteration, it does offer the ideal foundation for a national injury and violence prevention program. With sufficient investment, the Core SVIPP can reach its original goal and become a true foundation for building a national injury and violence prevention program in every state and territory.

### FULL RECOMMENDATION

- Expand Core SVIPP from 23 to all 50 U.S. states and territories by increasing support **from \$6.7 million to \$50 million by 2030** (an increase of \$5 million each year from FY 2022 to FY 2030).
- Carve out Core SVIPP from the "Injury Prevention Activities" funding line and **establish a dedicated Core SVIPP line-item** to support critical public health actions and **provide states the flexibility** needed to address their own injury and violence prevention needs.
- Recognizing that states have varying abilities to implement critical public health actions related to injury and violence prevention, **a tiered funding structure** should be utilized for the Core SVIPP, including base and enhanced funding.

The Safe States Alliance is a national non-profit organization and professional association whose mission is to strengthen the practice of injury and violence prevention. For more information, please contact:

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# NATIONAL VIOLENT DEATH REPORTING SYSTEM (NVDRS)

## A CALL TO ACTION FOR PREVENTING INJURIES & VIOLENCE



### RECOMMENDATION

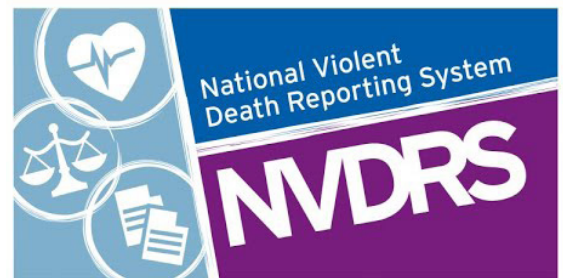
Expand funding to \$50 million by FY 2027

### BACKGROUND

[The National Violent Death Reporting System \(NVDRS\)](#) is a state-based surveillance system that links information from multiple data sources – death certificates and state and local medical examiner, coroner and law enforcement records – to create a more complete picture of the circumstances surrounding violent deaths. One of the hallmarks of the system is that it **does not require the collection of any new data**, it simply supports centralization of data already collected when a violent death occurs. NVDRS can help characterize the impact of violence and identify factors that precipitate violent death so that future violent deaths can be prevented.

The system collects data on all types of violent deaths, including:

- homicides,
- suicides,
- child abuse and neglect fatalities,
- intimate partner homicides, and
- fatalities involving law enforcement in the line of duty.



NVDRS data allow states to **tailor violent death prevention efforts to the needs of their communities and evaluate their effectiveness**. Data collected about each violent death include:

- circumstances related to the event (e.g., depression or major life stresses);
- the relationship between the perpetrator and the homicide victim; and
- concurrent crimes committed along with homicide (e.g., robbery, arson), multiple homicides, or homicide followed by suicide.

**NVDRS is the most comprehensive database on circumstances surrounding violent deaths in the U.S.** Since the program's inception in 2002, NVDRS has grown to a full-fledged nationwide program with sufficient funding to support implementation in all 50 states and select territories. Yet, states are clamoring for additional **resources to address various [implementation challenges](#) and support greater data analytics** that facilitates the translation of research into practice.

States have requested new funding to support activities such as:

- Providing financial incentives to data partners to secure their participation;
- Enhancements to CDC's NVDRS web-based system to address systemic challenges;
- Greater analysis and dissemination of data; and
- Additional program staff (i.e., epidemiologists, data abstractors, etc.).

### FULL RECOMMENDATION

**Expand funding to \$50 million by FY 2027** (increase of \$5 million each of the next five years) to strengthen the National Violent Death Reporting System (NVDRS).

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